PTO/SB/17 (10-08)
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FEE TRANSMITTAL FOR FY 2009 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (s) 1,110.00 Attomey Docket No. 0104-0588PUS1 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Despoit Account Deposit Account Number: O2-2448 Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Total Callums Filling FEES Small Entity Application Type Fee (s)					Complete if Known					
For FY 2009 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1,110.00 Attorney Docket No. 0104-0588PUS1							10/591,799-Conf. #4667			
Examiner Name										
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X Deposit Account Deposit Account Number	METHOD OF PAYMENT (check all that apply)									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayments of X Credit any overpayments Credit any overpayments Credit any overpayment Credit any overpayment X	x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Fee(s) under 37 CFR 1.16 and 1.17										
Table Tabl										
Fill NG FEES Small Entity Fee (\$) Fee										
Application Type	1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
Application Type				SEAF		EXAMI		-		
Design 220 110 100 50 140 70	Application Type			ee (\$)		Fee (\$)			'aid (\$)	
Plant	Utility	330	165	540	270	220	110			
Reissue 330 165 540 270 650 325 Provisional 220 110 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims 21 -24 or HP 0 x 52.00 = 0.00 HP = highest number of total claims paid for, if greater than 20. Indep. Claims 2 -3 or HP = 0 x 220.00 = 0.00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof for the paid (\$\$) Indep. Claims Fee (\$\$) Fee Paid (\$\$)	Design	220	110	100	50	140	70			
Provisional 220 110 0 0 0 0	Plant	220	110	330	165	170	85			
Small Entire	Reissue	330	165	540	270	650	325	***************************************		
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4. OTHER FEE(S) Fees Paid (\$)		*******						Fee P	'aid (\$)	
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Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,110.00										
SUBMITTED BY 1/1/2	SUBMITTED BY		1//							
Signature Registration No. (Atterney/Agent) 43,368 Telephone (703) 205-8000	Signature	1	[/]	B (A	egistration No. tterney/Agent)	43,368	Telephone	(703) 205	i-8000	
Name (Print/Type) Paul C. Lewis C/M Date November 13, 2008										